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CONFIRMATION NO. 3469

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/603,794	06/25/2003 RULE	427	1792	50623.221

APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/108,004 03/27/2002
 and is a CIP of 10/304,360 11/25/2002 ABN
 which is a DIV of 09/751,691 12/28/2000 PAT 6,503,556
 This application 10/603,794 06/25/2003
 is a CIP of 09/750,595 12/28/2000 PAT 6,790,228
 which is a CIP of 09/470,559 12/23/1999 PAT 6,713,119
 which is a CIP of 09/390,855 09/03/1999 PAT 6,287,628
 and is a CIP of 09/390,069 09/03/1999 PAT 6,379,381
 and said 09/750,595 12/28/2000
 is a CIP of 09/715,510 11/17/2000 PAT 6,749,626
 which is a CIP of 09/540,241 03/31/2000 ABN

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

09/11/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CA	6	82	10
Verified and /CACHET I SELLMAN/ Acknowledged	Examiner's Signature	Initials				

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TITLE

Thermal treatment of a drug eluting implantable medical device

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

RECEIVED 2584	No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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